

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885



CURRENT CORRESPOND	itions.		(a) specifying a new cont	espondence address;	and/or (t	o) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for		
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
2292	7590 03/36	0/2007							
BIRCH STEW	'ART KOLASCH	& BIRCH , LLI	P in	creby certify that th	is Fec(s)	Mailing or Transs Fransmittal is being	deposited with the United		
PO BOX 747	Sta	ites Postal Service w	ith suffic	ient postage for firs	t class mail in an envelope				
FALLS CHURC	CH, VA 22040-0747	7	tra	nsmitted to the USP	TO (571)	273-2885, on the da	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.		
	•						(Depositor's name)		
	•		<b>–</b>						
			_			<del></del>	(Signature)		
			<u></u>	WB - B			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R	ATTORN	EY DOCKET NO.	CONFIRMATION NO.		
10/662,355	09/16/2003		Atsushi Miyawaki		00	51-0212P	2060		
ITLE OF INVENTION	I: MICROSCOPE SYST	<b>ТЕМ</b>	•						
			•	•					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$0	/02/200	\$1700 7 ANDNDAF2 0000	07/02/2007 08149 922448 19662		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	1					
TRAN, PHUOC		2624 ·	382-173000	92	FC:150 FC:150	4 300.0	0 DA		
Change of correspond	ence address or indication	on of "Fee Address" (37	2. For printing on the	patent front page, is	FC:800	1 12.8			
FR 1.363).			(1) the names of up to	o 3 registered paten		s I Birch	, Stewart,		
Address form PTO/SI	ondence address (or Cha B/122) attached.	ange of Correspondence	or agents OR, alternat	• •			ch & Birch, LL		
_	lication (or "Fee Address		(2) the name of a sing registered attorney or	te firm (having as a agent) and the name	member a	B			
PTO/SB/47; Rev 03-0 Number is required.	02 or more recent) attach	hcd. Use of a Customer	2 registered patent atte listed, no name will be	orneys or agents. If i	no name i	s 3			
ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)		<del></del>			
PLEASE NOTE: Uni	less an assignee is ident	tified below, no assignee	data will appear on the	patent. If an assigne	ce is iden	tified below, the da	cument has been filed for		
		pietion of this form is NC	_	-					
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
RIKEN			Saitama-	Ken, Japan					
ease check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent) :	Individual 🖾 Co	rporation	or other private gro	up entity Government		
. The following fee(s)	are submitted:	4	b. Payment of Fec(s): (Ple	ase first reapply an	y previou	ısly paid issue fee s	hown above)		
A Issue Fee			A check is enclosed.						
Dublication Fee (N	No small entity discount		Payment by credit ca	rd. Form PTO-2038	is attache	ed.			
	# of Copics four	The Director is hereby authorized to charge the required (secs), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).							
			overpayment, to Dep	osit Account Numbe	r <u>UZ-Z</u>	440 (enclose an	extra copy of this form).		
	tus (from status indicate				, ,,	w			
_ ` `			b. Applicant is no los						
a. Applicant claim	a Publication Fee (if req records of the United Str	uired) will not be accepto	to from anyone other than k Office.	tne applicant; a regi:	stered atto	mey or agent; or the	e assignee or other party in		
_ ` `			<del>tt</del>	<del> </del>					
a. Applicant claim OTE: The Issue Fee an terest as shown by the	James 1	1. Ha	700						
a. Applicant claim OTE: The Issue Fee an iterest as shown by the	c James M. S	Slattery		Registration N	o2	8,380	· · · · · · · · · · · · · · · · · · ·		
a. Applicant claim OTE: The Issue Fee an terest as shown by the Authorized Signature Typed or printed name	c dames M. S		on is required to obtain or			9, 2007 8,380	hy the HSPTO to process?		
a. Applicant claim OTE: The Issue Fee an terest as shown by the Authorized Signature Typed or printed name	c dames M. S		on is required to obtain or 1.14. This collection is ex				by the USPTO to process)		
a. Applicant claim OTE: The Issue Fee an terest as shown by the Authorized Signature Typed or printed name	nation is required by 37 ( tiality is governed by 35 d application form to the  ions for reducing this bu  //riginia 22313-1450. DO		on is required to obtain or 1.14. This collection is es y depending upon the indice Chief Information Offic COMPLETED FORMS T				by the USPTO to process) g gathering, preparing, and re you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450,		